

The request for your Social Security number is MANDATORY for completing this form, according to IC 4-1-8, FS Act of 1977, Sec. 16-E, SSA 4(a)(2). The information contained on this form is CONFIDENTIAL, according to 470 IAC 1-2-7; IAC 1-3-1 and 470 IAC 6-1-1.

TO:	RE:	
	County	Social Security number
	Case number	
FROM:	☐ Success story	☐ Schedule change
	☐ Employment information	☐ Client exit
	☐ Status change (TANF/UP/FS/Discontinu	ued)
	Participation/Attendance	
	☐ Name/Address/Telephone number chan	ge
DATE:	Other:	
DATE.		
Effective date (month, day, year)	Request response	No
Comments:		